



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

33432 7590 02/07/2006

KILYK & BOWERSOX, P.L.L.C.
400 HOLIDAY COURT
SUITE 102
WARRENTON, VA 20186

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kim Blum	(Depositor's name)
<i>Kim Blum</i>	(Signature)
March 3, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,208	11/26/2003	Mark R. Hellberg	2162 (3010-009-1)	8524

TITLE OF INVENTION: NOVEL ARYLAMINOPROPANE ANALOGUES AND THEIR USE FOR THE TREATMENT OF GLAUCOMA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAEED, KAMAL A	1626	514-443000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilyk & Bowersox, P.L.L.C.
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Alcon, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hunenberg, Switzerland

01 FC:1501
02 FC:1504

1400.00 OP
300.00 OP
15.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation ☐ Partnership ☐ Private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge to the deposit account, or credit any overpayment, to Deposit Account Number 50-0925 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Luke A. Kilyk

Date March 3, 2006

Typed or printed name

Luke A. Kilyk

Registration No. 33,251

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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LAW OFFICES

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*Admitted only in states indicated

PLEASE DIRECT CORRESPONDENCE TO OUR WARRENTON OFFICE

FACSIMILE TRANSMISSION COVER SHEET

DATE: March 3, 2006

TO: Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 10/723,208
For: NOVEL ARYLAMINOPROPANE ANALOGUES AND
THEIR USE FOR THE TREATMENT OF GLAUCOMA
Our Ref.: 2162 (3010-009-01)

FROM: Luke A. Kilyk, Esq. *LAK*

FAC. TEL. NO.: 1-571-273-2885

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 4

Items Attached: Issue Fee Transmittal -- 1 page
Fee Transmittal -- 1 page
Credit Card Payment Form -- 1 page

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Kim Blum
Name (Print)

Kim Blum
Signature

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,715.00)

Complete if Known

Application Number	10/723,208
Filing Date	November 26, 2003
First Named Inventor	HELLBERG et al.
Examiner Name	Kamal A. Saeed
Art Unit	1626
Attorney Docket No.	2162 (3010-009-01)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit AccountDeposit Account Number
Deposit Account Name

50-0925

Kilyk & Bowersox, P.L.L.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1011	790	2011	395			Utility filing fee	
1012	350	2012	175			Design filing fee	
1013	550	2013	275			Plant filing fee	
1014	790	2014	385			Reissue filing fee	
1005	200	2005	100			Provisional filing fee	

SUBTOTAL (1) (\$0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20**=	X	
Multiple Dependent	-3**=	X	

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25			Claims in excess of 20
1201	200	2201	100			Independent claims in excess of 3
1203	350	2203	180			Multiple dependent claim, if not paid
1204	200	2204	100			**Reissue independent claims over original patent
1205	50	2205	25			**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65			Surcharge - late filing fee or oath	
1052	50	2052	25			Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130			Non-English specification	
1812	2,520	1812	2,520			For filing a request for ex parte reexamination	
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*			Requesting publication of SIR after Examiner action	
1251	120	2251	60			Extension for reply within first month	
1252	480	2252	225			Extension for reply within second month	
1253	1020	2253	510			Extension for reply within third month	
1254	1590	2254	795			Extension for reply within fourth month	
1255	2,160	2255	1,080			Extension for reply within fifth month	
1401	500	2401	250			Notice of Appeal	
1402	500	2402	250			Filing a brief in support of an appeal	
1403	1,000	2403	500			Request for oral hearing	
1451	1,510	1451	1,510			Petition to institute a public use proceeding	
1452	500	2452	250			Petition to revive - unavoidable	
1453	1,500	2453	750			Petition to revive - unintentional	
1501	1,400	2501	700			Utility issue fee (or reissue)	1,400.00
1502	800	2502	400			Design issue fee	
1503	1,100	2503	550			Plant issue fee	
1460	130	1460	130			Petitions to the Commissioner	
1807	50	1807	50			Processing fee for provisional applications	
1808	180	1808	180			Submission of Information Disclosure Stmt	
8021	40	8021	40			Recording each patent assignment per property (times number of properties)	
1809	790	2809	395			Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395			For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395			Request for Continued Examination (RCE)	
1802	900	1802	900			Request for expedited examination of a design application	

Other fee (specify) Publication Fee

Other fee (specify) 5 copies of issued Patent @ \$3.00 each

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$1,715.00)

SUBMITTED BY

Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251	Telephone	1-540-428-1701
Signature				Date	March 3, 2006

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Kim Blum
Name (Print)
Signature